



COBB COUNTY EMERGENCY MANAGEMENT AGENCY

140 North Marietta Parkway
Marietta, Georgia 30060
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David Hankerson
Director

Lanita A. Lloyd
Deputy Director

NAME: _____ CERT #: _____

Cobb Emergency Management Agency and Cobb Community Emergency Response Team management are conducting a skills survey of CERT members. We would like to know additional skills, certifications, and tools that you possess that would allow you to assist your community when needed. This information will be placed into a database and when the time/need arises, you will be contacted to assist based on the information you provide.

CERT SKILLS CHART

MEDICAL – complete if applicable

Certification	Specialty	License #	Exp. Date
Doctor			
Nurse			
Emergency Medical			
EMT/EMS/Paramedic			
Mental Health Counseling			
Veterinarian			
Veterinary Technician			
Mental Health			
Dentistry			
Physical Therapy			
First Aid/CPR			
Pharmacist			
Other*			
Please describe <i>OTHER</i> *			

COMMUNICATIONS – complete if applicable

Equipment	Trained to Operate	Own Equipment	License # (if required)
CB	<input type="checkbox"/>	<input type="checkbox"/>	
Amateur Ham Radio	<input type="checkbox"/>	<input type="checkbox"/>	
2-way radio	<input type="checkbox"/>	<input type="checkbox"/>	
Sky phone #	<input type="checkbox"/>	<input type="checkbox"/>	
Blackberry/Treo	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone Switchboard	<input type="checkbox"/>	<input type="checkbox"/>	

LANGUAGE SKILLS (other than English) – complete if applicable.

Language	Speak/use fluently	Read	Language	Speak/use fluently	Read
Afrikaans	<input type="checkbox"/>	<input type="checkbox"/>	Jujorati	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	<input type="checkbox"/>	Punjabi	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	<input type="checkbox"/>
Gujrati	<input type="checkbox"/>	<input type="checkbox"/>	Swahili	<input type="checkbox"/>	<input type="checkbox"/>
Hindi	<input type="checkbox"/>	<input type="checkbox"/>	Ukrainian	<input type="checkbox"/>	<input type="checkbox"/>
Italian	<input type="checkbox"/>	<input type="checkbox"/>	Urdu	<input type="checkbox"/>	<input type="checkbox"/>
Jujati	<input type="checkbox"/>	<input type="checkbox"/>	Other*	<input type="checkbox"/>	<input type="checkbox"/>

Please list *OTHER**

OFFICE SUPPORT – complete if applicable.

<u>Office Skills</u>	Yes	<u>Computer Skills</u>	Yes
Filing	<input type="checkbox"/>	Word	<input type="checkbox"/>
Copy Machine	<input type="checkbox"/>	Excel	<input type="checkbox"/>
Phone Receptionist	<input type="checkbox"/>	Access	<input type="checkbox"/>
Logistics	<input type="checkbox"/>	PowerPoint	<input type="checkbox"/>
Message Runner	<input type="checkbox"/>	Publisher	<input type="checkbox"/>
Public Relations	<input type="checkbox"/>	Web Page Design	<input type="checkbox"/>
Supervisory Skills	<input type="checkbox"/>	Other*	<input type="checkbox"/>

Please explain *OTHER**

DISASTER SKILLS TRAINING (other than training provided through Cobb CERT) – complete if applicable.

Subject	Training provided by	Date trained
Shelter Operation		
Shelter Worker		
Traffic Control		
Crowd Control		
Damage Assessment		
Mass Care		
Swimming/Scuba		
Fire Suppression		
Chemical Response		
Law Enforcement		
Military (relevant experience)		
Public Health		
Security		
Public Works		
Salvation Army Canteen		
Child Care		
Adult Care		
Pet Care		
Food Preparation/Service		
Legal		
Financial		

Subject	Training provided by	Date trained
Elder Care		
Special Populations Experience		
Public Information Officer		

SPECIALTY SKILLS – check if applicable.

Skill	Yes	Skill	Yes
Photography		Cleanup	<input type="checkbox"/>
Video	<input type="checkbox"/>	Debris Removal	<input type="checkbox"/>
Still	<input type="checkbox"/>	Damage Assessment	<input type="checkbox"/>
Construction/Heavy Labor	<input type="checkbox"/>	Metal Construction	<input type="checkbox"/>
Commercial Driver's License Class	<input type="checkbox"/>	Wood Construction	<input type="checkbox"/>
Carpentry	<input type="checkbox"/>	Block Construction	<input type="checkbox"/>
Electrician - Certification #	<input type="checkbox"/>	Equipment Operator:	<input type="checkbox"/>
Plumber - Certification #	<input type="checkbox"/>	Backhoe	<input type="checkbox"/>
Roofing - Certification #	<input type="checkbox"/>	Chainsaw	<input type="checkbox"/>
Supervising Laborers	<input type="checkbox"/>	Generator	<input type="checkbox"/>
Loading/Shipping	<input type="checkbox"/>	Other*	<input type="checkbox"/>
Sorting/Packing	<input type="checkbox"/>		

Describe *OTHER**

EQUIPMENT OWNED – please complete if you are willing to use for CERT-related events.

Item	Yes	Item	Yes
Automated External Defibrillator	<input type="checkbox"/>	Continuity/Circuit Tester	<input type="checkbox"/>
Mass Casualty First Aid Box	<input type="checkbox"/>	Cordless Reciprocating Saw	<input type="checkbox"/>
Respirator	<input type="checkbox"/>	Fire Axe	<input type="checkbox"/>
Stretcher	<input type="checkbox"/>	Hacksaw	<input type="checkbox"/>
Wheelchair	<input type="checkbox"/>	Large Pry Bar	<input type="checkbox"/>
Dog Kennel	<input type="checkbox"/>	Lineman's Pliers	<input type="checkbox"/>
Generator	<input type="checkbox"/>	Mattock/Pickaxe	<input type="checkbox"/>
Portable Heater	<input type="checkbox"/>	Pole Saw	<input type="checkbox"/>
Portable Toilet/Porta-John	<input type="checkbox"/>	Propane Torch	<input type="checkbox"/>
Radios - 10+ mile (charged)	<input type="checkbox"/>	Single Blade Axe	<input type="checkbox"/>
Tent (5+ person)	<input type="checkbox"/>	Vehicle, 4-wheel Drive	<input type="checkbox"/>
Cribbing	<input type="checkbox"/>	ATV or Dirt Bike	<input type="checkbox"/>
Large Fire Extinguisher	<input type="checkbox"/>	Backhoe	<input type="checkbox"/>
Rescue Rope	<input type="checkbox"/>	Pickup Truck	<input type="checkbox"/>
		with hitch	<input type="checkbox"/>
Cordless Drill -19 volt	<input type="checkbox"/>	Power Boat	<input type="checkbox"/>
Large Gorilla Bar - 2'-5'	<input type="checkbox"/>	Station Wagon/Minivan	<input type="checkbox"/>
Carpenter Saw	<input type="checkbox"/>	Maxi-van, capacity	<input type="checkbox"/>
Chain Saw	<input type="checkbox"/>	Camper/RV, capacity _____ type _____	<input type="checkbox"/>